SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC IDENTIFICATION NUMBER ▼

C C00075820

Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee

NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC

Mailing Address 815 SLATERS LANE

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Expenditure
MEDIA

Category/Type

Name of Federal Candidate
ANN KIRKPATRICK

☐ Support
☒ Oppose

Calendar Year-To-Date Per Election for Office Sought 4224487.04

Date of Public Distribution/Dissemination
M M 10 / D D 24 / Y Y Y Y 2014

Amount 20000.00

Transaction ID : SE24-0.043399

Date of Disbursement or Obligation
M M 10 / D D 24 / Y Y Y Y 2014

Office Sought: ☒ House District: 01
☐ President ☐ Senate State: AZ

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶ _____

Full Name of Payee

NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC

Mailing Address 815 SLATERS LANE

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Expenditure
MEDIA

Category/Type

Name of Federal Candidate
MARTHA MCSALLY

☒ Support
☐ Oppose

Calendar Year-To-Date Per Election for Office Sought 2619695.44

Date of Public Distribution/Dissemination
M M 10 / D D 24 / Y Y Y Y 2014

Amount 20000.00

Transaction ID : SE24-0.043400

Date of Disbursement or Obligation
M M 10 / D D 24 / Y Y Y Y 2014

Office Sought: ☒ House District: 02
☐ President ☐ Senate State: AZ

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.. ▶ 40000.00

(b) SUBTOTAL of Unitemized Independent Expenditures .... ▶

(c) TOTAL Independent Expenditures.. ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith Davis

_____ *[Electronically Filed]* Date M M 12 / D D 01 / Y Y Y Y 2014
Signature